



For Compass use    File No \_\_\_\_\_  
 Referral            Ass Date.....  
 Taken by         Cllr .....

Date .....        1<sup>st</sup> Session.....  
 Accepted .....

## Pioneer - Referral Form

Name:

DOB:..... (Must be 18+)

Gender: Male/Female/Other/Prefer Not To Say

Current Address & Postcode:

Contact Telephone No: ..... Can we contact you/leave a voicemail Yes/No

Mobile No..... Can we text you? Yes/No

Email address:.....

Can we contact you by email? Yes/No

Correspondence Address if Different from Above:

Phone No ..... Email .....

Best Method of contacting client .....

Nationality ..... Ethnicity (as defined by client) .....

Need for Interpreter Yes/No

If yes, Language(s) ..... Gender preference?... .....

### Client's Status

Date of Arrival in the UK .....

Status (please tick boxes and provide as much detail as possible)

Seeking Asylum. What stage? .....

Other, eg asylum not yet applied for .....

Please provide details if specific circumstances and difficulties are in relation to the client's status

GP Details (Name, address, phone number, email address)

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Legal Representative

Permission to contact Legal Representative

(Contact Name, Organisation Name, address, phone number, email address)

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Other agencies involved in client's care, eg Community Mental Health Team, Refugee Community Organisation

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Current medication

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What difficulties have brought you to counselling? Include details of client's life prior to arriving in the UK

<p>Psychological:</p> <p>Physical:</p> <p>Adjustment to life in the UK:</p> <p>Social &amp; Welfare:</p>
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What is your availability?

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Details of Referrer

Name:	Organisation:
Contact No:	